

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002238

1. Entity Name

Just for Kids Academy Corp.

Principal Place of Business

1305 NE 1st St
OCALA, FLORIDA
34470

Mailing Address

1305 NE 1st Street
OCALA, FLORIDA
34470

2. Principal Place of Business

1305 NE 1st Street

Suite, Apt. #, etc.

3. Mailing Address

1305 NE 1st Street

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

City & State

OCALA, FLORIDA

Zip

34470

Country

MARION

Zip

34470

Country

USA

4. FEI Number

59-3443818

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN C
RT 2, Box 350
Williston FL 34482

Delete

7. Name and Address of New Registered Agent

Name ANJANIE BALLIE

Street Address (P.O. Box Number is Not Acceptable)

1305 NE 1st Street

500004699545-7

City

OCALA

11/30/01 - 01/15/02
*****51.25 FL 34470

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida:

SIGNATURE

Ballie

9/29/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D West, Paul P.O. Box 814 N/A Williston FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hamilton Raynane PO Box 814 N/A Williston FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lucas Nina PO Box 814 N/A Williston FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Perera Chris P.O. Box 814 Williston FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORNISKI, WINDA P.O. Box 814 N/A Williston FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pena Chris P.O. Box 814 Williston FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANJANIE BALLIE 4991 SEADUE Road OCALA FL 34480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reshma Ballie 2318 Babbit Ave Orlando FL 32833	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JASODRA CASTALDI 20415 Nettleton St Orlando, FL 32833	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUTAIHA ABU-HAMMAM 2650 Albion Ave Orlando FL 32833	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Christopher KALIKAPENSAND 20415 Nettleton St Orlando FL 32833	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKY K. PENSAND 20415 Nettleton St Orlando, FL 32833	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ballie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/29/01 629-2516

CR2E037 (11/00)